ITEMS 8,9: film G148 11/17/52 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12166

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Clay St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 204 Clay Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Jane (Last) ANDREWS
4. DATE OF DEATH (Month) (Day) (Year): 11 - 6 - 1952

5. SEX: Female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 12, 1870
9. AGE last birthday: 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Whipper
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: McCeil Andrews - Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Decompensation — Interval Between Onset and Death: 1 Year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis - Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to Nov 6, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 1:20 PM. m., from the causes and on the date stated above.

SIGNATURE: R. K. Rockwell Sheldon (Degree or title) M.D. ADDRESS 110 - Dr. St Annapolis DATE SIGNED 11/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-8-52
NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Nov. 8, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Wm. Reese & Son
ADDRESS: 108 W. Washington St. Annapolis, Maryland.

RECEIVED
NOV 12 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12167

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hockley MD. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hockley MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) R. (Last) ARTH
4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): —
8. DATE OF BIRTH: 1-30-1887
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Midshipmans Store
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy
11. BIRTHPLACE (State or foreign country): Washington D C
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph A. Arth
14. MOTHER'S MAIDEN NAME: Henrietta Scala
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW I
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Dorothy Brady Arth Hockley A.A.Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	0
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan', 1950, to 11-12, 1952, that I last saw the deceased alive on 11-10, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE: Jane R. Jones (Degree or title) — ADDRESS: Ft. Md. Annapolis, Md. — DATE SIGNED: 11-13-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 11-15-52 | NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery | LOCATION (City, town, or county): Annapolis | (State): Md.

DATE REC'D BY LOCAL REG.: Nov. 14, 1952 | REGISTRAR'S SIGNATURE: W. J. French | 24. FUNERAL DIRECTOR: John H. Taylor Son | ADDRESS: Annapolis, Md.

RECEIVED
NOV 17 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12168

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: ANNE ARUNDEL; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) LAUREL
LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: DISTRICT TRAINING SCHOOL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: WASHINGTON, D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON, D. C.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) BATTLE

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 7-24-34

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM BATTLE

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: DTS RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho - Pneumonia — Interval Between Onset and Death: 4 8 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic Heart Disease — Interval Between Onset and Death: life

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mental Deficiency — life

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13- 19 49, to 11-17- 19 52, that I last saw the deceased alive on 11-17- 19 52, and that death occurred at 1. P. m., from the causes and on the date stated above.

SIGNATURE: B. Schudt M.D. (Degree or title): Med. Officer ADDRESS: D.T.S. Laurel. Md DATE SIGNED: 11/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 19-52 — NAME OF CEMETERY OR CREMATORY: D.T.S. Cemetery. — LOCATION (City, town, or county) (State): Laurel Md.

DATE REC'D BY LOCAL REG.: Nov 19-52 — REGISTRAR'S SIGNATURE: Clara M Hasluf — 24. FUNERAL DIRECTOR: Raymond Jones — ADDRESS: Laurel. Md

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DEC 4 1922
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12169 21

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 902 Bay Ridge Ave

3. NAME OF DECEASED: (Type or Print) (First) BARBARA (Middle) JO (Last) BEMBE

4. DATE OF DEATH: (Month) NOV. (Day) 7, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 30, 1952

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis BEMBE

14. MOTHER'S MAIDEN NAME: Josephine BOVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - -
(If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr Louis Bembe Father same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

754.4

Immediate cause (a) Acute Cardiac Insufficiency — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congenital Heart Disease - aortic DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 19 52, to 11-7, 19 52, that I last saw the deceased alive on 11-7, 19 52, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE Philip Bruce (DEGREE OR TITLE) M.D. ADDRESS 212 Ps. George Annapolis DATE SIGNED 11-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 9, 52

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Nov. 8 1952

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Ben L. Hopping and Son Annapolis, Md.

206272405

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NOV 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10 52170

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY A.A. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (In this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ANNE ARUNDEL GEN'L HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GLEN BURNIE
STREET ADDRESS (If rural, give location): 106 SECOND AVE., S.W.

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) W. (Last) BLACKWELL

4. DATE OF DEATH: (Month) NOVEMBER (Day) 1 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Dec. 13, 1895

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Md. Biscuit Co.

11. BIRTHPLACE (State or foreign country): Greenville Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Blackwell

14. MOTHER'S MAIDEN NAME: Rohama Lovegrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 408-03-5176

17. INFORMANT AND ADDRESS: Winifred Blackwell Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease:

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: woods. — (CITY OR TOWN) Odenton — (COUNTY) AACo — (STATE) MD.

TIME OF INJURY (Month) 11 (Day) 1 (Year) 52 (Hour) P m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] — (Degree or title) MD — ADDRESS: Annapolis Md — DATE SIGNED: 11-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/4/52 — NAME OF CEMETERY OR CREMATORY: Glen Haven Cem. — LOCATION (City, town, or county) Glen Burnie, (State) Md.

DATE REC'D BY LOCAL REG. 11/4/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: R V Singleton — ADDRESS: Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-50 2-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis.
LENGTH OF STAY (in this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 132 N LINWOOD AVE

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Brossman

4. DATE OF DEATH: (Month) NOV. (Day) 13 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: JAN 22, 1867

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: TRANSPORTATION

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: FERDINAND BROSSMAN

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. JEAN B. HORN 132 N. LINWOOD AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1437

Immediate cause (a) Arteriosclerotic C.V. disease & hypertension

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) & decompensation

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. L. Hemiparesis

mgt 8-21-52

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 11/10, 1952, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Maurice Klawans, MD ADDRESS Annapolis, Md DATE SIGNED 11/13/52

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION — DATE THEREOF Nov. 15 1952 — NAME OF CEMETERY OR CREMATORY GREENMOUNT CEM. — LOCATION (City, town, or county) BALTO. (State) Md.

DATE REC'D BY LOCAL REG. 11/14/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS B. DABROWSKI 2514 E. BALTIMORE ST.

Dwa

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Central Ave. S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) 409 Central Ave. S.W.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Burns

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/29/78

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Reinhardt

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clyde V. Burns – 409 Central Ave, S.W. Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis of Popliteal Vein + Gangrene of Leg — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

19

22. I hereby certify that I attended the deceased from Nov. 15, 19 52, to Nov 20, 19 52, that I last saw the deceased alive on Nov. 19, 19 52, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Billingsley, M.D. ADDRESS 108 Central Ave. Glen Burnie, Md. DATE SIGNED Nov 20, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 22 1952

NAME OF CEMETERY OR CREMATORY: Western Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: NOV 20 1952

REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: R V Singleton

ADDRESS: Glen Burnie, Md.

U.S. Form 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: TRACY'S LANDING
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TRACY'S LANDING
STREET ADDRESS (If rural, give location): TRACY'S LANDING POST OFFICE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BLANCHE (Last) CLARK

4. DATE OF DEATH: (Month) NOVEMBER (Day) 16 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 22, 1877

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM E. KARNES

14. MOTHER'S MAIDEN NAME: HANNA (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: 577-18-3153 B

17. INFORMANT & ADDRESS: MR. JOHN LESTER CLARK HUSBAND - SAME AS # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Circulatory Collapse	8 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Uremia, Uremia, Toxemia	4 days
	DUE TO (c) Generalized arteriosclerotic CVR Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr severe hypertrophic osteoarthritis — 23 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Nov. 16, 1952, that I last saw the deceased alive on Nov. 16, 1952, and that death occurred at 11 30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS: Upper Marlboro Md DATE SIGNED: Nov 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 11-19-52

NAME OF CEMETERY OR CREMATORY: HILLCREST MEMORIAL CEMETERY

LOCATION (City, town, or county) (State): ANNAPOLIS, Md.

DATE REC'D BY LOCAL REG.: Nov. 19, 1952

REGISTRAR'S SIGNATURE: D. B. Dent

24. FUNERAL DIRECTOR ADDRESS: BEN L. HOPPINE - SON ANNAPOLIS, Md.

LOANED T. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville

LENGTH OF STAY (in this place) 3½ years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park

STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lulu		Colvin	11	30	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Separated	1883?	69? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cook	Unknown	Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Snowden	Lizzie Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
025X Immediate cause	(a) General Paresis	Known to us since adm. 6/9/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from 6/9, 19 49 to 11/30 19 52, that I last saw the deceased alive on 11/30, 19 52, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Jacob Hourwitz M.D.		Crownsville, Md.	11/30/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-5-52	Mt. Calvary Cemetery	A. A. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/52	A. W. Hedrich M.D.	Samuel W. Sullivan	1011 W. Arlington Ave. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 4 yrs. 5½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Cook

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1888?

9. AGE Last birthday: 64? yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Thomas Cook

14. MOTHER'S MAIDEN NAME: Minnie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause — (a) Chronic Myocarditis — DUE TO — Known to us since adm. 7/14/48

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Generalized Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: — — — —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — — —

(CITY OR TOWN) — (COUNTY) — (STATE) — — — —

TIME (Month) (Day) (Year) (Hour) OF INJURY — — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? — — — —

22. I hereby certify that I attended the deceased from 7/13, 19 48 to 11/28, 19 52, that I last saw the deceased alive on 11/27/52, 19 , and that death occurred at 4:25 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jacob Morgenbesser M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 11/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 12/4/52 — NAME OF CEMETERY OR CREMATORY Crownsville State Hospital — LOCATION (City, town, or county) (State) Crownsville Maryland

DATE REC'D BY LOCAL REG. 12-2-52 — REGISTRAR'S SIGNATURE P. M. Sage

24. FUNERAL DIRECTOR Jacob Morgenbesser M.D. — ADDRESS Crownsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12170

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: Anne Arundel — COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 Meadow Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 212 Meadow Road

3. NAME OF DECEASED: (Type or Print) (First) GARY (Middle) GENE (Last) DEVILBISS

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 3, 1951

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Donald Devilbiss

14. MOTHER'S MAIDEN NAME: Josephine Gingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Donald Devilbiss Brooklyn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
571.0 Immediate cause	(a) Dehydration + Probable acidosis	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Secondary anemia	1 mo +
DUE TO		
	(c) Infectious Gastroenteritis	4 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1951, to Nov 3, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE E. Fulton Leatherman (DEGREE OR TITLE) M.D. ADDRESS Leatherman Hyde, Rd DATE SIGNED Nov 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/5/52 — NAME OF CEMETERY OR CREMATORY Odd Fellows Cem. — LOCATION (City, Town, or County) Millersville, Md. (State)

DATE REC'D BY LOCAL REG. 11/3/52 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR H. O. Hartzler & Sons — ADDRESS Union Bridge & New Windsor, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12177

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY aa
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Veales
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Veales
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Leonard (Last) Love

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH: 10/23/1895 | 9. AGE Last birthday: 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Love
14. MOTHER'S MAIDEN NAME: Cora Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edith Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death: 2 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/52, 1952 to 11/12, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 1458 m, from the causes and on the date stated above.
SIGNATURE Howard Devries (Degree or title) ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/15/52 | NAME OF CEMETERY OR CREMATORY Mt Zion | LOCATION (City, town, or county) (State) Lothian Md
DATE REC'D BY LOCAL REGISTRAR 11/15/52 | REGISTRAR'S SIGNATURE W. T. Clayton

24. FUNERAL DIRECTOR T. A. Hardesty & Son, Edmonston Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12178

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 303 N. Taylor Ave

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) S. (Last) ENZINGER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 13 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 4, 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Guard	USNEES Annapolis	Batesville, Ind.	USA

13. FATHER'S NAME: Stephen Enzinger

14. MOTHER'S MAIDEN NAME: Catherine(Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	212-16-6302	Mrs Robert Lacy Daughter Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arteria Sclerosis Heart Disease	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteria Sclerosis DUE TO	5 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr. Interstitial Nephritis — 2 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July, 1949, to Nov 13, 1952, that I last saw the deceased alive on Nov 13, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George C Bond M D Annapolis Md 11-15-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 17 52	St. Anne's Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 17, 1952	J. O. Lynch	Ben L. Hopping and Son Annapolis, Md.

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 W. IITH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
STREET ADDRESS (If rural, give location) 209 W. IITH AVE.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) L. (Last) FAULKNER

4. DATE OF DEATH (Month) (Day) (Year): II/II/52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 6/15/78

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: AUGUST SCHOOLS

14. MOTHER'S MAIDEN NAME: REBECCA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: FAMILY - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular Disease — 6 mos.

4221 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

(008X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer — 15 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 50, to Nov. 11, 52, that I last saw the deceased alive on Nov. 11, 52, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas. L. Boell Jr. | Lexington | Nov 11/52

23. BURIAL, CREMATION, REMOVAL (Specify): B | DATE: II/15/52 | NAME OF CEMETERY OR CREMATORY: ESSEX CHURCHYARD | LOCATION (City, town, or county) (State): TAPPAHANNOCK, VA.

DATE REC'D BY LOCAL REG. 11/13/52 | REGISTRAR'S SIGNATURE: Mrs. Hedrick

24. FUNERAL DIRECTOR | ADDRESS: JAMES L. MCCULLY - 130 EAST FORT AVENUE

Duke

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 117 Smith Ave

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) A. (Last) Fisher

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Dec 6th 1875

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oystering - Crabbing

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Fisher

14. MOTHER'S MAIDEN NAME: Florence Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Katherine A. Walsh 117 Smith Ave Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	Several years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hemiplegia 3 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 19 52; to 11-26, 19 52; that I last saw the deceased alive on 11-26, 19 52; and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George C. Bowie M.D. Annapolis Md 11-28-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF 11-29-52 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Nov. 28, 1952 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John W. Sayle Sons ADDRESS Annapolis Md.

Item 18 Film #49 12-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport
STREET ADDRESS (If rural, give location): Bay Ridge Ave

3. NAME OF DECEASED (Type or Print): (First) VERNER (Middle) HIBBARD (Last) FRENCH

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28 1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Chief Electrician

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Conn

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Elsie W. French Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental Poisoning by Ethyl Alcohol (self administered)

(c) Spinal fluid 0.2% Ethyl alcohol

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blood barbiturates 1.5 mgs %

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS: [signature] DATE SIGNED: 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 11-10-52 | NAME OF CEMETERY OR CREMATORY: National Cem. | LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REG.: Nov. 10, 1952 | REGISTRAR'S SIGNATURE: [signature] B.W. | 24. FUNERAL DIRECTOR: John M. Tayler & Son | ADDRESS: Annapolis Md

VS. A15A (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16102 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-15 8-51

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 104 Cathedral

3. NAME OF DECEASED: (First) MARSHALL (Middle) H. (Last) GARDNER
4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug 12-1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Baggage Man
10b. KIND OF BUSINESS OR INDUSTRY: R. R. Belts Line
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Robert N. Gardner Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Coronary Thrombosis	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arter Sclerosis Hypertension	Several years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arter Sclerosis — Several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 19 52, to Nov 3, 19 52, that I last saw the deceased alive on Nov 3, 19 52, and that death occurred at 11:30 p.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
George C. Buzil M D Dunkirk Md 11-4-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 11-7-52 NAME OF CEMETERY OR CREMATORY St Annes LOCATION (City, town, or county) Annapolis (State) Md
DATE REC'D BY LOCAL REG. Nov 5, 1952 REGISTRAR'S SIGNATURE M. E. Branch
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 11-A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgewater Police Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) (Last) GRADDICK

4. DATE OF DEATH: (Month) November (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 6-2-1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Structural Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Graddick

14. MOTHER'S MAIDEN NAME: Florence Hennessy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Stephens - Arnold, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia as a result of hanging

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY police station | (CITY OR TOWN) Edgewater | (COUNTY) Anne Arundel | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11/7/52 8:00 P. m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? hanged self by leather belt

22. *I certify that I took charge of the remains described above, held an Autopsy* Partial *X Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Howes Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. 11/8/52

21. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 11-11-52 | NAME OF CEMETERY OR CREMATORY Moreland Memorial Park | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Nov. 10, 1952 | REGISTRAR'S SIGNATURE Edward Collinson | 24. FUNERAL DIRECTOR John M. Taylor Son | ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 121 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Johanna (Middle) (Last) Grey

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1884?

9. AGE last birthday: 68? yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO.: — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4221

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: Known to us since 2/5/41

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) General Arterioscoerlsis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Left Hemi-paresis — Known to us since 1/15/41

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — — — —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — —

(CITY OR TOWN) — — — — — — — — — — — — — — — — — —

(COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/13, 19 41, to 11/4/, 19 52, that I last saw the deceased alive on 11/4, 19 52 and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE Fred Thompson M.D. (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 11/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 11/7/52

NAME OF CEMETERY OR CREMATORY University Med School

LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 11/7/52

REGISTRAR'S SIGNATURE K. M. Joyce 11/10/52

24. FUNERAL DIRECTOR Frances A. Hemsley

ADDRESS 5-7 N. Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12165

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton; LENGTH OF STAY (in this place): 11 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waugh Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton; STREET ADDRESS (If rural, give location): Waugh Chapel Road

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) (Last) HALL

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 14, 1952

9. AGE last birthday: yrs. If under 1 year: Months; Days: 10; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Conway

14. MOTHER'S MAIDEN NAME: Louise Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Louise Hall (mother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): William V. Lovett, M.D. ADDRESS: Baltimore, Maryland DATE SIGNED: Nov. 25, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Nov. 26/52 | NAME OF CEMETERY OR CREMATORY: Macedonia | LOCATION (City, town, or county) (State): Odenton Md

DATE REC'D BY LOCAL REG.: Nov. 26, 1952 | REGISTRAR'S SIGNATURE: Clara M Kasdup

24. FUNERAL DIRECTOR: F. D. Johnson ADDRESS: Annapolis

20X1+6631 3

Harris J

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A1b

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 332 Arden Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Anne Arun-del
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 332 Arden Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	D.	HARRIS-TURNER	Nov.	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	widowed	July 21, 1890	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	Railway Express	New Jersey	

13. FATHER'S NAME: Thomas Harris
14. MOTHER'S MAIDEN NAME: Mary McPherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS: Mr. Charles Albany - 332 Arden Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	1 week
	(c) Arterio-Sclerotic Cardio-Vascular Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 29, 1951, to Nov. 4, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Rubin M.D.	320 Patapsco Ave - Baltimore Md.	11/6/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 7, 1952	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/52	H W Hedrick	Wm. J. Wickner & Son	Balto 17 Md.

3 mo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): Apt #7, U.S. NAVAL RADIO STATION, SRNC,

3. NAME OF DECEASED: (First) Bonnie (Middle) June (Last) HAWKINS

4. DATE OF DEATH: (Month) NOV (Day) 25 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: MAY 19, 1952

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months 6 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Harold HAWKINS

14. MOTHER'S MAIDEN NAME: Patsy Ruth KOHR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Father of deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X

Immediate cause (a) BRONCHO PNEUMONIA, ACUTE, BILATERAL, EARLY (N491) — Interval Between Onset and Death: few hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ACUTE DISTENTION OF STOMACH BY AIR (N544.1) — few hours

19a. DATE OF OPERATION: — —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — — —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — —

(CITY OR TOWN) — —

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? — — —

22. I hereby certify that I attended the deceased from NOV 25, 19 52, to NOV 25, 19 52, that I last saw ~~him~~ her alive on ~~[illegible]~~, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE: R. L. DIVETTE, LT (MC) USN — (DEGREE OR TITLE) — ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD — DATE SIGNED: 11-25-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF: 11-28-52 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county): Annapolis — (State): Md

DATE REC'D BY LOCAL REG.: Nov. 26, 1952 — REGISTRAR'S SIGNATURE: J. D. Powell Bur. — D. FUNERAL DIRECTOR: John M. Taylor Sons — ADDRESS: Annapolis Md.

2052211405

REC'D
NOV 20
BUREAU V. S.

MARYLAND STATE DEPARTMRNT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft. Meade Station Hosp. U.S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location) Galesville P.O.

3. NAME OF DECEASED (Type or Print): (First) Brenda (Middle) V. (Last) Holland

4. DATE OF DEATH: (Month) NOV. (Day) 17 (Year) 1952

5. SEX: Female F.

6. COLOR OR RACE: Negro N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 8-MO,

9. AGE last birthday: 8 Mo ynr

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Holland

14. MOTHER'S MAIDEN NAME: Catherine Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Catherine D Holland, Galesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tracheobronchitis - probable

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bronchopneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? XXXXXX

22. I hereby certify that I attended the deceased from 17 Nov 52 to 17 Nov 52, that I last saw the deceased alive on 17 Nov 52, and that death occurred at 1945 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas F. Nelson, Capt, MC. USAH, Ft. Meade, Md. 18 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 20 Nov 52

NAME OF CEMETERY OR CREMATORY: Churchton Cemetary

LOCATION (City, town, or county) (State): Churchton, Maryland

DATE REC'D BY LOCAL REG. 18 Nov 52

REGISTRAR'S SIGNATURE: ARTHUR J. GOLBOSH Capt. MSC

24. FUNERAL DIRECTOR: HARDESTY FUNERAL HOME — ADDRESS: GALESVILLE, MD.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

IV-2110772

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place): 9 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 213 Hanover Street

3. NAME OF DECEASED: (First) Edwardine (Middle) Hiester (Last) HOCKENBERRY (Type or Print)

4. DATE OF DEATH: (Month) NOV (Day) 11 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: OCT 28, 1863

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank M. HIESTER

14. MOTHER'S MAIDEN NAME: Ella LAUMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) THROMBOSIS, MIDDLE CEREBRAL ARTERY, LEFT (N450.332) — Interval Between Onset and Death: 10 das

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ARTERIOSCLEROTIC VASCULAR DISEASE (N450.0) — 5 yrs plus

DUE TO

(c) ARTERIOSCLEROSIS, GENERALIZED (N450.0) — Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE (N450.0) — 2 yrs plus

19a. DATE OF OPERATION: - - — **19b. MAJOR FINDINGS OF OPERATION:** - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) - - - — (CITY OR TOWN) - - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from NOV 4, 19 52, to NOV 11, 19 52, that I last saw the deceased alive on NOV 11, 19 52 and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE: G. J. TAYLOR III, LT MC USN — (DEGREE OR TITLE) ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD. — DATE SIGNED: 11-12-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF: 11-14-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: Nov. 13, 1952 — REGISTRAR'S SIGNATURE: J. V. French — 24. FUNERAL DIRECTOR: John W. Taylor Sons — ADDRESS: Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gesap
LENGTH OF STAY (In this place) 3/4/52 to 11/17/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1433 E. Fayette St.

3. NAME OF DECEASED (Type or Print): (First) Dallas (Middle) (Last) Jackson
4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1952
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 1. 1900
9. AGE last birthday: 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: On Vessel
11. BIRTHPLACE (State or foreign country): Blakely, Georgia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Army — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Doris Ford 1634 Bonne Air

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44" Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension, severe

(c) Arterio-Sclerosis

Interval Between Onset and Death: In Hospital Oct 1950 for some cause

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 1952, to 11/17, 1952, that I last saw the deceased alive on 11/16, 1952, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John A. Kiark M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/21/52
NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
LOCATION (City, town, or county) (State): Brooklyn Md.

DATE REC'D BY LOCAL REG.: 11/20/52
REGISTRAR'S SIGNATURE: [illegible] Deputy Clerk
24. FUNERAL DIRECTOR: Chas. O. Wilson ADDRESS: 1000 Bentley Ave

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarnie, Md. | LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Virgil.		Johnson	11	29	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
M	Colored.	Widowed	18[illegible]	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardener	—	A. A. Co. Md	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathaniel Johnson	Mary Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Lillie M. Warren. Glenn Burnie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis - Generalized.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN)	(COUNTY)	(STATE)
		Srowden Town	A A Co	MD.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Lee Local	MD	Annapolis Md	11/29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 2-52	Mt Calvary	A. A. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/1/52	C. W. Hedrick M.D.	James A. Savage	638 N. Gilmor St

is especially important. Physicians: please write out all

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY a.a. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Maternity Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY a.a. co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis rural
STREET ADDRESS (If rural, give location) Johnson Maternity Hospital

3. NAME OF DECEASED (Type or Print): (First) REGINALD (Middle) NATHINAL (Last) JONES
4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	11-2-1952	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Annapolis Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Nathinal Jones	Shirley Marie Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	none	Joseph N. Jones - Waterbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Failure — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1952, to 11/4, 1952, that I last saw the deceased alive on 11/4, 1952, and that death occurred at 6.0 m., from the causes and on the date stated above.

SIGNATURE Theodore L. Johnson (Degree or title) MD ADDRESS 46 Northstreet Annapolis, Md DATE SIGNED 11/6/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-6-1952	John Wesley Cemetery	Waterbury, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 6, 1952	[signature]	Wm Reese & Co	108 W. Washington st. Annapolis, Maryland

VS. A15

X-19-403

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12193

Reg. Dist. No. 27

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Post Stockade, Fort George G. Meade, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE WEST VIRGINIA — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MORGANTOWN

STREET ADDRESS (If rural give location): ROUTE #4 BOX 112

A[illegible]

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) E (Last) Joseph

4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7 January 1928

9. AGE last birthday: 24 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Joseph

14. MOTHER'S MAIDEN NAME: Elizabeth Brady

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1952

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Post Personnel Officer, Ft Meade, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — Interval Between Onset And Death: Instant

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hanging - self inflicted

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.): Cell block

(CITY OR TOWN) Fort George G Meade (COUNTY) Anne Arundel (STATE) Md.

TIME OF INJURY (Month) Nov (Day) 7 (Year) 1952 (Hour) 0615 a.m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Hanging, self inflicted

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 0630 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathan E Nachlas 1Lt MC — ADDRESS: Ft George G Meade, Md. — DATE SIGNED: 7 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 9 Nov 52

NAME OF CEMETERY OR CREMATORY: East Oak Cemetary

LOCATION (City, town, or county) (State): Morgantown, W. Virginia

DATE REC'D BY LOCAL REGISTRAR: 8 November 1952

REGISTRAR'S SIGNATURE: ARTHUR J GORDOSH Capt MSC

24. FUNERAL DIRECTOR: Lilly & Zeiler — ADDRESS: Baltimore, Md.

RECEIVED
NOV 12 1973
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis - MD.
LENGTH OF STAY (in this place), Working
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1615 W. Pratt St

3. NAME OF DECEASED (Type or Print): (First) Leroy (Middle) T (Last) Kirkland.

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 52

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3-5-1890

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Estimator

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Busi.

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Charles P. Kirkland

14. MOTHER'S MAIDEN NAME: Willie O. Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Rosetta Kirkland 1615 W Pratt St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: office Bldg.
(CITY OR TOWN) Annapolis (COUNTY) AA.Co (STATE) MD
TIME OF INJURY (Month) 11 (Day) 20 (Year) 52 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E Lee Leach (Degree or title) MD ADDRESS: Annapolis, Maryland DATE SIGNED: 11-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-24-52
NAME OF CEMETERY OR CREMATORY: London Park
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGR.: NOV 23 1952
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: Theo L. Beyer Jr ADDRESS: 1512 Hollins St Balto. 23 Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1179

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 946 West Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Agnes (Last) Langley

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 5-3-1894

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): U.S. Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry Thomas Lomack

14. MOTHER'S MAIDEN NAME: Hattie---(unknown) Mack

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Chronic myocarditis. — 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General arteriosclerosis.

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1952, to 11-1, 1952, that I last saw the deceased alive on 11-1, 1952, and that death occurred at 9:15AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred Hagemeister M.D. — ADDRESS Crownsville State Hospital — DATE SIGNED 11-1-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/6/1952 — NAME OF CEMETERY OR CREMATORY W.F. Oakman Cem — LOCATION (City, town, or county) Cedar Hill Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11/4/52 — REGISTRAR'S SIGNATURE A.W. Redick Dep — 24. FUNERAL DIRECTOR Mrs Kate R. Williams — ADDRESS 322 N Schroeder St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Jonas
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jonas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Thomas (Last) Lee

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 19 52

5. SEX: Male **6. COLOR OR RACE:** Colored **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** married **8. DATE OF BIRTH:** Jan. 1 1885 **9. AGE last birthday:** 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Labor **10b. KIND OF BUSINESS OR INDUSTRY:** Drainage Work **11. BIRTHPLACE** (State or foreign country): Annapolis, Md. **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: John B. Thomas **14. MOTHER'S MAIDEN NAME:** Mary Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **(If Yes, give war or dates of service)** **16. SOCIAL SECURITY No.:** 214-18-6108 **17. INFORMANT'S ADDRESS:** Mrs. Mary Harris Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

490X
Immediate cause (a) Acute congestive heart failure — 2 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Lobar pneumonia — 1 wk.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. **INJURY OCCURRED** While at work ☐ Not while at work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Nov 10, 1952 to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952 and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Lloyd L. Tuck MD Severna Park Md Nov 12 '52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Nov. 13 1952 NAME OF CEMETERY OR CREMATORY Carpenters Hill LOCATION (City, town, or county) (State) Severna Park Md

DATE REC'D BY LOCAL REG. Nov. 13, 1952 REGISTRAR'S SIGNATURE M. T. Leach **24. FUNERAL DIRECTOR** J. B. Johnson ADDRESS Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel ~~Balto~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Florey Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Florey Road

3. NAME OF DECEASED (Type or Print): (First) Nora Virginia (Middle) (Last) Lomax

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Solomon's Island, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elliott

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wm. Henry Lomax, Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 days

4210 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — 2 yrs

(c) Hypertensive Cardiovascular Disease — Indet.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1952, to Nov 18, 1952, that I last saw the deceased alive on Nov 18, 1952, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bradley Daugherty M.D. ADDRESS 1264 Francis-town DATE SIGNED 11/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 21/52
NAME OF CEMETERY OR CREMATORY: Our Lady Star of the Sea
LOCATION (City, town, or county) (State): Solomon's Island, Md.

DATE REC'D BY LOCAL REG. 11/20/52
REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.
24. FUNERAL DIRECTOR: Harry A. Kuntzler
ADDRESS: 4101 Edmondson Ave

1055 M

MARYLAND STATE DEPARTMENT OF HEALTH

1212

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY Anne Arundel. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie. LENGTH OF STAY (In this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Kent Road Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Irene (Last) Lookingland.
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1952
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4/23/82
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Onancock-Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mister
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Mrs. Viola Lee Parkinson (daughter)

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Self-inflicted strangulation.	Sudden.
974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) by hanging herself.	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home.
(CITY OR TOWN) Glen Burnie, (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 A.M. and 12:20 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? By hanging self-inflicted nitro-genation.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Lawrence H. Pankenbrock. Chf. Dep. Sheriff
ADDRESS: Glen Burnie, Md.
DATE SIGNED: 11/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial.
DATE THEREOF: Nov. 29, 1952
NAME OF CEMETERY OR CREMATORY: Onancock Cemetery
LOCATION (City, town, or county) Onancock Accomac Co. (State) Va.
DATE REC'D BY LOCAL REG. 11/26/52
REGISTRAR'S SIGNATURE: L. J. McAllen
24. FUNERAL DIRECTOR: P. V. Singleton
ADDRESS: Glen Burnie, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN West Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
STREET ADDRESS (If rural, give location) 501 Jettings Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WILLIAM	B.	MARSHALL	11 -	4	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 4-1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret Farmer	Hay and Grain	A. A. Co Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John E. Marshall	Schofield, Baltimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Annie M. Marshall W Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
154X Immediate cause	(a) Circulatory Failure DUE TO	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma of rectum with metastases DUE TO	1 1/2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1951	Biopsy of rectum showed carcinoma. Patient refused operation	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950., to 11/4....., 1952., that I last saw the deceased alive on 11/4....., 1952., and that death occurred at ....P....m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Arnold Hooker	M. D.	Annapolis, Md.	5 Nov 52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11-7-52	St Margarets	St Margarets Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 7, 1952	B.W.	John M. Taylor & Son	Annapolis Md.

VS. A10 8-51

RECEIVED
NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Hutton Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Hutton Place

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) MATTHEWS

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6- -1886

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Shady Side, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Matthews

14. MOTHER'S MAIDEN NAME: Rachel Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Howard Matthews - Shady Side, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 11 27 52 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Jno Leach — (Degree or title) M.D. — ADDRESS: Annapolis Md. — DATE SIGNED: 11/29/52

21. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov-31-1952 — NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery — LOCATION (City, town, or county) (State): Shady Side, Md.

DATE REC'D BY LOCAL REG.: Nov. 29, 1952 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Wm Leggett — ADDRESS: 108 W. Washington St Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 1 mo 6 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 14 Cheston Ave

3. NAME OF DECEASED: (Type or Print) (First) Sophie (Middle) Alice (Last) MAXHAM

4. DATE OF DEATH: (Month) NOV (Day) 9 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: AUG 15, 1902

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Michael ZBORAY

14. MOTHER'S MAIDEN NAME: Bertha MATAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

175 X

Immediate cause (a) MALIGNANT NEOPLASM OF OVARY BILATERAL (N175) — INTERVAL BETWEEN ONSET AND DEATH: 18 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: MAY 11, 1951

19b. MAJOR FINDINGS OF OPERATION: MALIGNANT NEOPLASM OF OVARY BILATERAL (N175)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME (Month) (Day) (Year) (Hour) OF INJURY: -- M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from OCT 3, 19 52, to NOV 9, 19 52, that I last saw the deceased alive on NOV 9, 19 52, and that death occurred at 1215 p.m., from the causes and on the date stated above.

SIGNATURE: R. K. BROOKS, LCDR MC USN — (DEGREE OR TITLE) ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD — DATE SIGNED: 11-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-11-52 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Nov. 10, 1952 — REGISTRAR'S SIGNATURE: [signature] B.W.

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

VS-245 8-51

RECEIVED
NOV 12 1982

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN East Port
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003 Jackson St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Port
STREET ADDRESS (If rural, give location) 1003 Jackson St

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) L. (Last) Mayenschein

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Dec. 1-1886	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frederick W. Mayenschein
14. MOTHER'S MAIDEN NAME: Caroline L. Raabe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-7999
17. INFORMANT & ADDRESS: Mrs. H.C. Buchwald East Port Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443 X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardio-Vascular Disease	4 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to 11-10-1952, that I last saw the deceased alive on 11-10-1952, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
James R. Martin M.D. Annapolis Md. 11-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-13-52	Loudon Park	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/14/52	[illegible]	Geo. L. Beyer Jr.	1512 Hollins St Balto. 23 Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills P.O. — LENGTH OF STAY (in this place): 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills P.O.
STREET ADDRESS (If rural, give location): Crain Highway

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Henry (Last) Meisenholder

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 29, 1895

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Meisenholder

14. MOTHER'S MAIDEN NAME: Mary Lentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Marie I. Meisenholder - Gambrills P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio - Vascular Disease — 10 Years

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 1946, to Nov 30 ....., 1952, that I last saw the deceased alive on Nov 29 ....., 1952, and that death occurred at 4:46 A m., from the causes and on the date stated above.

SIGNATURE: Edward J. Thewett (Degree or title) M.D. ADDRESS: Gambrills — DATE SIGNED: Nov 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 3, 1952 | NAME OF CEMETERY OR CREMATORY: Glen Haven | LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG.: 12/2/52 | REGISTRAR'S SIGNATURE: L. J. Dalton | 24. FUNERAL DIRECTOR: P V Singleton ADDRESS: Glen Burnie Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BALTIMORE
LENGTH OF STAY (in this place) 6 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 424 GREENLAND RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY
STREET ADDRESS (If rural, give location) 129 E. WEST ST.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) AGATHA (Last) MEYD

4. DATE OF DEATH: (Month) (Day) (Year) 11/10/52 19

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: AUG 8-1863

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: CONRAD MEYD

14. MOTHER'S MAIDEN NAME: MADELINE KAUFMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MARIE A. MEYD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis - Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/15, 1952, to 11/10, 1952, that I last saw the deceased alive on 11/8, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE John A. Schenuit M.D. (Degree or title) ADDRESS 1337 S. Charles St Balto 30 Md DATE SIGNED 11/11/52.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: NOV. 13-52 — NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEMETERY — LOCATION (City, town, or county): A.A. CO. — (State): MD

DATE REC'D BY LOCAL REG. 11/12/52 — REGISTRAR'S SIGNATURE H.E. Hedrick — 24. FUNERAL DIRECTOR: Elizabeth Harle Inc. — ADDRESS: 115 E. West St.

Done

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: B. A. County
City or town: 2. E. Seward Ave.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, institution, or street address where death occurred: 2. E. Seward Ave.
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: B. R. County
City or town: .....
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2. East Seward Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: John Mikes.

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed.

6.(b) Name of husband or wife: .....
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 9-13-1859

8. AGE: Years: 95 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Engineer
11. Industry or business: Rail Road.
12. FATHER — Name: George F. Mikes
13. FATHER — Birthplace: Maryland
14. MOTHER — Maiden name: Mary A. Foster
15. MOTHER — Birthplace: Maryland
16. Informant: Mrs. H. L. Henderson
Address: 3726 Manchester Ave
17. Burial (Burial, cremation, or removal? Which?) Date thereof: 11-17-1952 (month) (day) (year)
Cemetery or crematory: Meadow Ridge
Location: Jersey - Maryland
18. Funeral director: F. B. Wisbert & Son
Address: 600 Eutaw Place 17
19. 11-18 1952 (Date rec'd by registrar) MZH Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 13 1952, at 10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-10 1950, to 11-13 1952, and that I last saw h. alive on ..... 19....

Immediate cause of death	Hepatic Carcinomas
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: .....
Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: P. W. Kester
M. D. or other
Address: 302 Patapsco Date signed: 11-16-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH:
COUNTY: A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): JASADENA
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jacobsville, Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): JASADENA.
STREET ADDRESS (If rural give location): Jacobsville, Rd.

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) H. (Last) MOORE

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 5.5.1900

9. AGE Last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INS. SALESM.

10b. KIND OF BUSINESS OR INDUSTRY: EUREKA

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm T.

14. MOTHER'S MAIDEN NAME: Helen L. Almiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Family — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO: CORONARY THROMBOSIS — Interval Between Onset And Death: 24 Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: CORONARY SCLEROSIS — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27/52, 1952, to 11/28, 1952, that I last saw the deceased alive on 11/27, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE: J. Brady Smith (Degree or title): M.D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 11/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): B. DATE THEREOF: 12.2.52 NAME OF CEMETERY OR CREMATORY: Glen Haven LOCATION (City, town, or county) (State): Glen Burnie

DATE REC'D BY LOCAL REGISTRAR: 12/2/52 REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Jos. L. Delaney ADDRESS: 130 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12207

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 179 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 179 West Street

3. NAME OF DECEASED: (First) ANDREW (Middle) H (Last) MUSTERMAN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 11 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	March 2, 1862	90 yrs.	8	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-fireman	Navy Power Plant	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Musterman	Catherine Rhen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No — No	None	Mrs Catherine Zindorf Daughter same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
472X Immediate cause	(a) Viral Hepatitis	about 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Virus Infection with respiratory involvement	about 1 mo
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct 11 '52, to Nov 11, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 12:27 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
J. Oliver Purvis	BA, MD Annapolis Md	11-12-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-13-52	St. Mary's Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 13, 1952	[signature]	Ben L. Hopping and Son Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: An Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: An Arundel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater
STREET ADDRESS (If rural, give location): Selby on The Bay

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) M (Last) Petry

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Aug 10th 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alexandria Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel DeVaughan

14. MOTHER'S MAIDEN NAME: Lizzie L. Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S ADDRESS: Mrs Jas Wade 104 W. Nelson Ave Alexandria Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

501X

Immediate cause (a) Bronchopneumonia left [illegible] lower lobe

DUE TO

Anteecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic tracheobronchitis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1952, to 11-24, 1952, that I last saw the deceased alive on 11-24, 1952, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: Emily H. Wilson (DEGREE OR TITLE) M.D. ADDRESS: Lothian, Md. DATE SIGNED: 11-24-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Nov 24 52 — NAME OF CEMETERY OR CREMATORY: Alexandria Va — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Nov. 24, 1952 — REGISTRAR'S SIGNATURE: [signature] C.W.L.

24. FUNERAL DIRECTOR — ADDRESS: Lemaire Funeral Home Arlington, Va.

Autopsy findings.

Anatomical diagnoses:

1. Chronic tracheobronchitis
2. Broncho pneumonia, left lower lobe
3. Gliosis tuberle, rt. lower lobe.
4. Generalized arteriosclerosis, severe.
5. Chronic arteriosclerosis.
6. Atrophy of parietal + frontal lobes of brain, (arteriosclerotic)

RECEIVED
NOV 28 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12279

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. G. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 430-45-47 S.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	J.	Ragan	11 -	28 -	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr. 29, 1923	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrical Helper		Washington D C	U S A

13. FATHER'S NAME Frank Ragan
14. MOTHER'S MAIDEN NAME Mulhower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mildred E. Ragan 4301 46 St S.E. Washington D C

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull - Compound

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

825.4 (b) Fracture Facial bones Rt Compound

(c) Fracture Femur Rt Deluse

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway
(CITY OR TOWN) A.A.Co (COUNTY) Md (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ✓, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] MD Annapolis Md 4/28/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12-2-52 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Nov. 29, 1952 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Mattingly ADDRESS 131-11th St. S.E. Wash. D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn; STREET ADDRESS (If rural, give location) Route #2 Box 48

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Robinson

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 20 Aug 1892

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier (retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Sylvester Robinson

14. MOTHER'S MAIDEN NAME: Suzannah Rush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I-WW 2

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Bertha Robinson Severn, Maryland (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of lung — Interval Between Onset and Death: 9 months

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

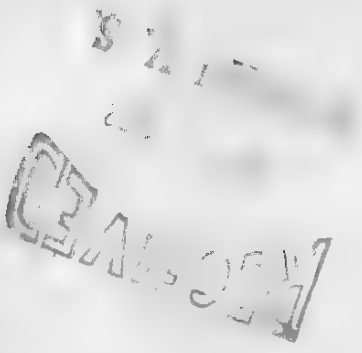
22. I hereby certify that I attended the deceased from 10 Oct, 19 52, to 7 Nov, 19 52, that I last saw the deceased alive on 7 Nov, 19 52, and that death occurred at 1:30 ? m., from the causes and on the date stated above.

SIGNATURE: Robert N. Putnam (Degree or title) Capt MC ADDRESS U.S. Army Hospital Ft. Meade DATE SIGNED 7 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10 Nov 52 — NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l. Cemetary — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7 Nov 52 — REGISTRAR'S SIGNATURE: [illegible] J GORDON Capt MSC

24. FUNERAL DIRECTOR — ADDRESS: Singleton Funeral Home, Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Ridge

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Ridge

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Mary		Roussos	November 21, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	About 1862	90 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Home life	Own home	Greece	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Roussos	Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		George Roussos, 21 E. North Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Degenerative Cardio Vascular Disease	5 years
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Cardio Vascular Disease	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4/15, 1952, to Nov. 21, 1952, that I last saw the deceased alive on Nov. 20, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
G. Brady Smith	M.D.	Riviera Beach, Md.	11/21/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/24/52	Woodlawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 22, 1952	R.W.	Wm. Cook Inc.,	1215 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4108 Richie Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural, give location) 4108 Richie Highway

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) (Last) SALISBURY
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Barty
14. MOTHER'S MAIDEN NAME: Jennie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Benjamin Salsbury - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular disease
443X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity
(c) Arthritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1952, to Nov 8, 1952, that I last saw the deceased alive on Nov 8, 1952, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Samuel Rubyn M.D. 2138 Patapsco ave Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11-9-52
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR: NOV 9 - 1952
REGISTRAR'S SIGNATURE: Huntington Williams M.D. Edna Whitson
24. FUNERAL DIRECTOR: Jack Lewis Inc. ADDRESS: 7100 Eastern Ave

11-17-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MD 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Old Annapolis Rd N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 33 Old Annapolis Rd N.W.

3. NAME OF DECEASED: (Type or Print) (First) THELMA (Middle) Van Ness (Last) SAMPSELL

4. DATE OF DEATH (Month) November (Day) 20 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 7 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lee Welsh

14. MOTHER'S MAIDEN NAME: Ida M. Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 214-12-1402

17. INFORMANT & ADDRESS: Joseph S. Sampsell 33 Old Annapolis Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Adenocarcinoma of Breast — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: December 1950

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1952, to 11/20, 1952, that I last saw the deceased alive on 11/17, 1952, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Bobby L. James M.D. Glen Burnie Md 11/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/24/52

NAME OF CEMETERY OR CREMATORY London Park

LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. 11/24/52

REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 N. Paul St.

Item 18 Film 3148 11-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Meade
LENGTH OF STAY (In this place): 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital Ft. Meade

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton
STREET ADDRESS (If rural, give location): Betson Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hulda	Mae	Sanner	Nov.	9	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Divorced	1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Pennsylvania	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Mangus	Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	-	WOJG R.J.Sanner, Ft Meade, Md. (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis (adeno by biopsy)	3½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lymph node	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-		

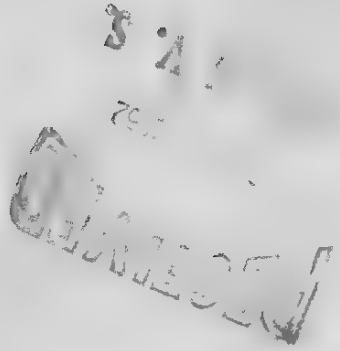
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-			m.		-

22. I hereby certify that I attended the deceased from 11-8, 1952, to 11-9, 1952, that I last saw the deceased alive on 11-9, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James S. Mitchener Jr.		Station Hosp. Ft. Meade	11/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	9 Nov 52	Richland Cemetary	Johnstown	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9 Nov 52	ARTHUR B. COMBOCH Capt MSC	SINGLETON Funeral Home	Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville

LENGTH OF STAY (in this place): 2 yrs. 1½ mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville

STREET ADDRESS (If rural give location):

✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Isaac		Scott	11	13	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Married	1871?	81? yrs.	—	—	—	—

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Richmond, Virginia	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unk.	— — —	— — — — —	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Interval Between Onset And Death
4:10 Immediate cause	(a)	Arteriosclerotic Heart Disease	Known to us since adm. 9/22/50
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	General Arteriosclerosis	" "
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			" "

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — — — — — — — — — — — — — — — — — — —	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
— — —	— — —	— — —	— — —	— — —

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— — —	—	—	— m.		— — — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 9/22, 19 50, to 11/13, 19 52, that I last saw the deceased alive on 11/13, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 11/13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	11/16/52	Forest Lawn	Rockville Md	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-19-52	[signature]	Robert L. Snowden	Rockville

VS. 416 (T)

Items 18&22 Film G149 12-12-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benbee Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benbee Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	RUSSELL	SCOTT	11 -	24.-	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr 11-1907	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mgr. of Loan Co.	Finance	Greenfield Mo.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas A. Scott	Mary Ann Sharrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Alberta E Scott Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound - skull - Suicide

(c)

976X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at wnrk ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Annapolis Md	11/25/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-26-52	Columbia Gardens	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 25, 1952	[signature]	Dyer Funeral Home	Arlington Va

V.S.—1 (Rev. 1948)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pines on the Severn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Barbara	Elizabeth	Snyder	Nov	3rd	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	10-29-52			6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Annapolis Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert C. Snyder	Margaret M. Salmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	—	Robert C. Snyder Pines on the Severn A.A. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
754.2 Immediate cause	(a) 1) Patulous Foramen Ovale	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) 2) Patulous interventricular Septum	4 days
	DUE TO (c) Congenital Heart Anomalies	4 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29-1952 to 11-3-1952, that I last saw the deceased alive on 11-3-1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James R. Smith	M.D.	Annapolis, Md.	11-4-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-5-52	Parkwood	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 5, 1952	H. E. Dorsch	John M. Sayles Inc	Annapolis Md

2 - 284 + 314

VS. 15 8-51

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Green Haven

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:

STREET ADDRESS (If rural, give location): Green Haven, A.A.Co. Md.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) R. (Last) Stadden

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 15, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard C. Stadden

14. MOTHER'S MAIDEN NAME: Mollie Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ernest R. Stadden-Green Haven, A.A.Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331K

Immediate cause (a) Acute pulmonary edema — Interval between onset and death: 15 minis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Cerebro vascular accident — 10 years

DUE TO (c) left hemiplegia — 10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1952, to Nov. 26, 1952, that I last saw the deceased alive on Nov. 25, 1952, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE: R. M. McLaughlin — (DEGREE OR TITLE) M.D. — ADDRESS: Pasadena, Md. — DATE SIGNED: Nov. 26. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/1/52 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Ritchie Highway, Glen Burnie, Md

DATE REC'D BY LOCAL REG.: 11/28/52 — REGISTRAR'S SIGNATURE: A W Hedrick Dist

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook Inc - 1217 St. Paul St.

VS. A15—8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Annapolis
LENGTH OF STAY (in this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 704 Bay Ridge Ave., Eastport,

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) (none) (Last) TERWILLIGER

4. DATE OF DEATH: (Month) NOV (Day) 14 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: MAR 10, 1900

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buglemaster

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Naval Retired

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George TERWILLIGER

14. MOTHER'S MAIDEN NAME: Mary GALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Marvin Terwilliger, Son, 704 Bay Ridge Ave., Eastport, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Thrombosis with Angina 420.1 — DUE TO — Interval Between Onset and Death: 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease 420.0 — 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) - - - (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY - - - M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from Jun 18, 19 52, to Jul 29, 19 52, that I last saw the deceased alive on 13 Nov, 19 52, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
R.M. DL. ETTE, LT MC USN, U.S. Naval Hospital, Annapolis, Maryland — 14 Nov 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF 11-18-52 — NAME OF CEMETERY OR CREMATORY National Cemt — LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Nov 17, 1952 — REGISTRAR'S SIGNATURE D. D. Mace

22. FUNERAL DIRECTOR John M. Taylor Sons — ADDRESS Annapolis Md.

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G Meade,
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Illinois — COUNTY Union
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jonesboro
STREET ADDRESS (If rural give location): Box #35

3. NAME OF DECEASED: (Type or Print) (First) Paula (Middle) Jean (Last) Tregoning Twin #2

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 26 November 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Olis Allen Tregoning

14. MOTHER'S MAIDEN NAME: Myrdel Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Olis A Tregoning, Ft Geo G Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 26 Nov., 19 52, to 28 Nov., 19 52, that I last saw the deceased alive on 28 Nov., 19 52, and that death occurred at 6:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Stuart C. Likeman Maj Mc — ADDRESS: Ft Meade Md — DATE SIGNED: 1 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Buriel — DATE THEREOF: 28 Nov 1952 — NAME OF CEMETERY OR CREMATORY: Post Cemetary — LOCATION (City, town, or county) (State): Fort George G Meade Md.

DATE REC'D BY LOCAL REGISTRAR: 28 NOV 1952 — REGISTRAR'S SIGNATURE: [illegible] Capt MSC

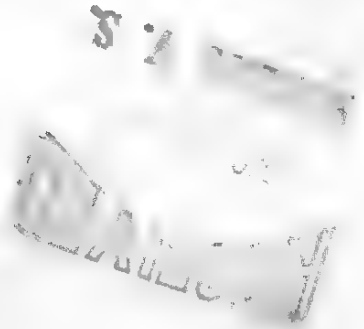
24. FUNERAL DIRECTOR: O.H. KELLY Lt Col (Chaplain) Ft Geo G Meade — ADDRESS: Md

21X2201300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Davidsonville; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Louis Carr's Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva; STREET ADDRESS (If rural, give location): RFD # 1 Annapolis, Maryland

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) GEORGE (Last) WAGNER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 13, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 24, 1920

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Gas and Elect. Co

11. BIRTHPLACE (State or foreign country): Odenton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Wagner

14. MOTHER'S MAIDEN NAME: Ester Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 721-03-2525

17. INFORMANT AND ADDRESS: Wife: Mrs Mary R. Wagner same as ?

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Cervical Vertebrae

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Farm (CITY OR TOWN): Davidsonville, (COUNTY): Anne Arundel (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-13-52 9 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Suicide by jumping from tree with rope around neck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Elmer G. Linhardt MD Medical Examiner A.A. County — ADDRESS: Annapolis, Md — DATE SIGNED: 11-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-17-52 | NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery | LOCATION (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.: Nov. 17, 1952 | REGISTRAR'S SIGNATURE: Carrie Smith Reg. 11-18-52 | 24. FUNERAL DIRECTOR — ADDRESS: Ben I. Hopping and Son Annapolis Md.

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COPY SENT TO LL[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selby on The Bay
STREET ADDRESS (If rural, give location) Edgewater Md.

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) J. (Last) Whalen

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 11 - 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W.	Married	Dec 21st 1905	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stone Mason	Construction	Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lawrence J. Whalen	Elizabeth L. Jefries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	214-32-7867	Elizabeth L. Whalen Edgewater Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
492X Immediate cause	(a) Virus Pneumonia	8 days
	DUE TO (b) c Encephalitis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 3, 1952 to Nov. 19, 1952, that I last saw the deceased alive on Nov. 19, 1952 and that death occurred at 11.45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Vincent Gomez M. D. Mayo, Md. 11-11-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-15-52	St Stephens	Brackshaw	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 11, 1952	[signature]	Francis Hall & Sons.	Hyattsville Md.

V8-785 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:

County Anne Arundel

City or town Glen Burnie

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

501 Manor Road

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Glen Burnie

(If outside city or town limits, write RURAL and give nearest town)

Street No. 501 Manor Road

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Frank F. Wilks

3. (b) Social Security Number 212-18-9252

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Hilda Wilks

(nee Dunne)

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1899

8. AGE: Years	Months	Days	If less than one day
52			..... hrs. ..... min.

9. Birthplace Glen Burnie, P.A.Co., Md. (Town, county, and state)

10. Usual occupation Painter

11. Industry or business Self Employed

FATHER 12. Name Frederick Wilks

13. Birthplace

MOTHER 14. Maiden name Hulda Pinehart

15. Birthplace

16. Informant Mrs. Hilda Wilks

Address Glen Burnie, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1952 (month) (day) (year)

Cemetery or crematory Glen Haven

Location Glen Burnie, Md.

18. Funeral director R V Singleton

Address Glen Burnie, Md.

19. Nov 10 1952 (Date rec'd by registrar) L J DeAlba Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1952 at 10 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1949 to Nov 6 1952

and that I last saw h[illegible] alive on Nov 6 1952

	DURATION
Immediate cause of death Cardio Vascular Renal	4 Yr.
Due to	
Due to 422.1	
Other conditions Chr. Bronchitis	15 Yr.

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Chas T Ball Jr. M. D. or other

Address [illegible] Date signed 11/6/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12223

Reg. Dist. No. 28-

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Gambrills R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since birth
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: A A
City or town: Gambrills R F D
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William Leon Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary Louise
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): July 9th 1880

8. AGE: Years 72 | Months 4 | Days 10 | If less than one day: hrs. min.

9. Birthplace: Gambrills A A Co
(Town, county, and state)

10. Usual occupation: Real Estate

11. Industry or business

MOTHER FATHER

12. Name: W. L. Williams

13. Birthplace: Maryland

14. Maiden name: Matilda Dare

15. Birthplace: Maryland

16. Informant: Edmund D. Williams
Address: Gambrills Md

17. Burial (Burial, cremation, or removal—which?) Date thereof: 11-22-52 (month) (day) (year)

Cemetery or crematory: St. Stephens
Location: Gambrills

19. Funeral director: John M. Taylor & Son
Address: Annapolis, Md.

19. Nov 19 1952 (Date rec'd by registrar) J M Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 19 1952 at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1950 to Nov 1952 and that I last saw h... alive on Nov 16 1952

	DURATION
Immediate cause of death	
Due to: Parkinsonism	
Due to: Senesis	2 yrs.
Due to:	
Other conditions: Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. H. MacKenzie M.D.
M. D. or other

Address: Millersville Md. Date signed: 11-25-52

11-9-52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crownsville
LENGTH OF STAY (in this place) 1y. 4m. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) F. (Last) Wright
4. DATE OF DEATH: (Month) Nov. (Day) 27th (Year) 1952
5. SEX: M.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 4-15-1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Self-empl.
10b. KIND OF BUSINESS OR INDUSTRY: Hotel Proprietor
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Wright
14. MOTHER'S MAIDEN NAME: Emma Dell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Dr. Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis of Lung — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)
Interval: 11/10/52

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21st, 1951, to Nov. 27th, 1952, that I last saw the deceased alive on Nov. 27th, 1952, and that death occurred at 1.38 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Marquette M.D.
ADDRESS Crownsville
DATE SIGNED 11/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 27, 1952
NAME OF CEMETERY OR CREMATORY Union Hope Cemetery
LOCATION (City, town, or county) Inc. (State) Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1952
REGISTRAR'S SIGNATURE H. M. Joe
24. FUNERAL DIRECTOR McKenney
ADDRESS 108 W. Washington St. Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12225

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY ANNE ARUNDLE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SOLLEY — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 WARNER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SOLLEY
STREET ADDRESS (If rural, give location) 214 WARNER R.D. BALTO. 26

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) ZAMOSTNY (Last)

4. DATE OF DEATH: (Month) NOV. (Day) 15 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): AUSTRIA-HUNGARY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: VACLAV HOLENDA

14. MOTHER'S MAIDEN NAME: ANNA POKLOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: JOSEPH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cardiac failure - Edema

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebral hemorrhage.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3-52, to 11-14-52, that I last saw the deceased alive on 11-14, 1952, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE Eugene Ginsig (Degree or title) ADDRESS DATE SIGNED 11-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 11-18-1952 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL — LOCATION (City, town, or county) (State): ANNE ARUNDEL CO MD

DATE REC'D BY LOCAL REG. 11/17 — REGISTRAR'S SIGNATURE M.L.Y.

24. FUNERAL DIRECTOR — ADDRESS: FR. CVACH & SON 900 NCHESTER ST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12226

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Anne Arundel COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flushing
STREET ADDRESS (If rural, give location) 143-45 Barclay Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Zivi

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		7/12/72	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bagnell
14. MOTHER'S MAIDEN NAME: Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edwin Zivi, Severna Park Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332	Immediate cause (a) Cerebral Thrombosis	3 Mos.
	DUE TO	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis	yrs.
	DUE TO (c) —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. osteoarthritis — yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Nov. 4, 1952, that I last saw the deceased alive on 11/4/, 1952, and that death occurred at 2:35 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frank M. Shipley M.D. Annapolis, Md. 11/5/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/6/52	Mt. Hope Cemetery	Westchester County, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/52	A. D. Hedrick Deputy.	Wm. Cook, Inc.,	1217 St. Paul St.